

05/18/00  
1c33741 S. PTO

PATENT

NEW APPLICATION

CASE 3202

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF: Michael S. South, Qingpeng Zeng, Ashton T. Hamme, II,  
and Melvin L. Rueppel.

TITLE: SUBSTITUTED POLYCYCLIC ARYL AND HETEROARYL PYRIDONES  
USEFUL FOR SELECTIVE INHIBITION OF THE COAGULATION CASCADE

Commissioner of Patents and Trademarks  
Washington, D. C. 20231

Sir:

Transmitted herewith for filing is the above-identified patent application which, in  
accordance with 37 CFR 1.51, comprises:

- ☒ Abstract and Specification including 647 Claims
- ☐ An Assignment of the application and a Declaration and Power of Attorney
- ☒ An Assignment of the application and a Declaration and Power of Attorney to follow  
under separate cover
- ☐ Sheets of formal/informal drawings
- ☒ Post Card
- ☐ Prior Art Statement (37 CFR 1.97)
- ☐ Preliminary Amendment
- ☒ A **triplicate** copy of this transmittal paper is enclosed.
- ☒ The present application claims priority under Title 35, United States Code, §119 of  
United States Provisional application Serial No. 60/134,811, filed May 19, 1999.

The Commissioner is hereby authorized and requested to charge any fees\* in addition to the  
above as well as all future fees set forth in 37 CFR 1.16 and 1.17 which may be required during the  
entire pendency of this Application, and credit any overcharges to Deposit Account No. 19-1025.

NOTE: THIS AUTHORIZATION DOES NOT INCLUDE FEES REQUIRED UNDER 37 CFR 1.18

G.D. Searle & Co.  
Corporate Patent Department  
P.O. Box 5110  
Chicago, Illinois 60680-9889

Stasia L. Ogden  
Stasia L. Ogden  
Attorney for Applicants  
Registration No.36,228  
314-694-4474

\* Calculated as follows:

Basic Fee	\$ 690.00
Total Claims in Excess of 20 X \$18 (627 X \$18)	\$11,286.00
Independent Claims in Excess of 3 X \$78 (0 X \$78)	0
Surcharge for Multiple Dependent Claim(s) (\$260)	\$ 260.00
FILING FEE	\$12,236.00

ASSIGNMENT RECORDING FEE

The PTO did not receive the following  
listed item(s) 647 claims  
only 18 claims

1c530 U.S. PTO  
09/574740  
05/18/00

05/18/00  
JCS30 U.S. PTO

C-3200  
JCS30 U.S. PTO  
09/574740  
05/18/00

"Express Mail" mailing label number EL366785364US

Date of Deposit: 19 MAY 2000

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 & 1.8 on the date indicated above and is addressed to BOX PATENT APPLICATION, Commissioner of Patents and Trademarks, Washington, D.C. 20231

KAROL J. WILDER

(Typed or printed name of person mailing paper or fee)

*Karol J. Wilder*  
(Signature of person mailing paper or fee)

EL366785364US

SEARLE

SEARLE  
LAW DEPARTMENT  
5200 OLD ORCHARD ROAD  
SKOKIE, ILLINOIS 60077  
PHONE (847) 982-7000  
FAX (847) 581-6881



May 15, 2000

SENT VIA COURIER

Eric P. Schellin, P.C.  
2121 Crystal Drive  
Suite 704, Two Crystal Park  
Arlington, VA 22202

RE: PCT Filing of our Case 3202/1/PCT, Entitled: Substituted Polycyclic Aryl and Heteroaryl Pyridines useful for Selective Inhibition of the Coagulation Cascade

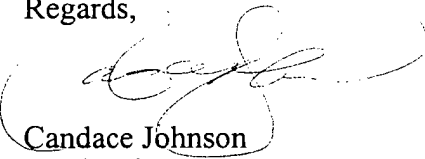
Dear Mr. Schellin:

Please file the enclosed PCT application along with the following items in the United States Patent Office upon receipt of this package:

PCT patent application  
PCT Request  
Fee Calculation Sheet  
Transmittal Letter  
Applicant Power of Attorney  
Board Resolution  
Post Card

Please call me at 847/581-6507 with the PCT number and filing date as soon as it is received.

Regards,

  
Candace Johnson  
Paralegal

CJ/  
enclosures

# Receipt of New Application

U.S. Patent and Trademark Office

**SEARLE**

RAW

Case Number

3202/1/PCT

Applicant(s) MONSANTO COMPANY			
Title Substituted Polycyclic Aryl and Heteroaryl Pyridines useful for Selective Inhibition of the Coagulation Cascade			
Specification 327 pages	Number of Claims 58	Sheets of Drawings 0	Filing Fee \$5,428.00
PCT Request - 5 pages Fee Calculation Sheet - 1 page Transmittal letter - 2 pages Significant Power of Attorney Board Resolution			

Form No. 01528 (11-93)

Received As Of Date Stamped

PCT INTERNATIONAL APPLICATION TRANSMITTAL LETTER

Application of: MONSANTO COMPANY

Title: SUBSTITUTED POLYCYCLIC ARYL AND HETEROARYL  
PYRIDONES USEFUL FOR SELECTIVE INHIBITION OF THE  
COAGULATION CASCADE

To the United States Receiving Office (RO/US):

Accompanying this transmittal letter is the above-identified International application, including a completed Request form (PCT/RO/101). Please process the application according to the provisions of the Patent Cooperation Treaty.

REQUEST FOR FOREIGN TRANSMITTAL LICENSE. According to the provisions of 35 U.S.C. 184 and 37 CFR 5.11, a license to transmit the accompanying International application to foreign agencies or international authorities is hereby requested.

The following additional requests are made of the RO/US:

1. ☒ PREPARATION AND TRANSMITTAL OF CERTIFIED COPY OF PRIORITY DOCUMENTS. Please prepare and transmit to the International Bureau a certified copy of the United States origin priority documents identified in Box VI of the Request form (37 CFR 1.451).

To cover the cost of copy preparation and certification (37 CFR 1.19(a)(3) and (b)(1)),

- ☒ the RO/US is hereby authorized to charge the fee of \$15.00, or such greater or lesser amount as may be required by 37 CFR 1.19, to Deposit Account No. 19-1025.

2. ☒ CHOICE OF INTERNATIONAL SEARCHING AUTHORITY. It is requested that the International Search be performed by the following International Searching Authority.

☐ United States Patent and Trademark Office (ISA/US)

☒ European Patent Office (ISA/EP)

The appropriate Search fee for the above-named Authority is indicated on the Fee Calculation Sheet (PCT/RO/101 Annex).

3. ☐ SUPPLEMENTAL SEARCH FEES (ONLY WHEN ISA/US CONDUCTS THE INTERNATIONAL SEARCH). Please charge any Supplemental Search fees that may be required by the United States International Authority (ISA/US) to Deposit Account No. 19-1025.

I understand that this authorization is subject to my oral confirmation thereof in each instance and that it in no way limits my right to submit a protest against payment of the Supplemental Search fees, but is merely an administrative aid to assure that the ISA/US may timely complete the Search report.

4. [X] DISCLOSURE INFORMATION. In order to assist in screening the accompanying International application for purposes of determining whether a license for foreign transmittal should and could be granted and for other purposes, the following information is supplied:

A. [ ] There is/are no prior filed application(s) relating to this invention.

B. [X] There is/are prior United States application(s) identified as follows:


<u>Serial No.</u>	<u>Filing Date</u>
60/134,811	19 May 1999

Any additional subject matter in the instant PCT application

1. [X] does not change the general nature of the invention as claimed in the prior application(s) which would require this application to be made available for inspection under 35 USC 181, and thus no additional foreign filing license is believed necessary.
2. [ ] relates to \_\_\_\_\_ and while it is clearly of no concern from a security standpoint, a foreign filing license may be required.

Respectfully submitted,

Date: May 12, 2000

  
Roger A. Williams  
Registration No. 27679  
Telephone: (847) 581-6500

Mailing Address: G. D. Searle & Co.  
Corporate Patent Department  
P. O. Box 5110  
Chicago, Illinois 60680-5110  
United States of America



## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

1530 U.S. PTO  
09/574740

05/18/00

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 3202/1/PCT

**Box No. I TITLE OF INVENTION**  
SUBSTITUTED POLYCYCLIC ARYL AND HETEROARYL PYRIDONES USEFUL FOR SELECTIVE INHIBITION OF THE COAGULATION CASCADE

**Box No. II APPLICANT**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

MONSANTO COMPANY  
Corporate Patent Department  
P.O. Box 5110  
Chicago, IL 60680-5110  
United States of America

☐ This person is also inventor.

Telephone No.  
847/581-6500

Facsimile No.  
847/581-6881

Teleprinter No.

State (i.e. country) of nationality:  
US

State (i.e. country) of residence:  
US

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

SOUTH, Michael S.  
11671 Chieftain Drive  
St. Louis, MO 63146  
United States of America

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:  
US

State (i.e. country) of residence:  
US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

WILLIAMS, Roger A.  
G.D. SEARLE & CO.  
Corporate Patent Department  
P.O. Box 5110  
Chicago, IL 60680-5110  
United States of America

Telephone No.  
847/581-6500

Facsimile No.  
847/581-6881

Teleprinter No.

☐ Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

*If none of the following sub-boxes is used, this sheet is not to be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

ZENG, Qingpeng  
1163 Richland Meadows Drive  
Ballwin, MO 63021  
United States of America

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:  
US

State (i.e. country) of residence:  
US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

RUEPPEL, Melvin L.  
1904 Grassy Ridge Road  
St. Louis, MO 63122  
United States of America

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:  
US

State (i.e. country) of residence:  
US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.



**Box No.V DESIGNATION OF STATES**

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

**Regional Patent**

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

**National Patent (if other kind of protection or treatment desired, specify on dotted line):**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> <b>AE</b> United Arab Emirates                  | <input checked="" type="checkbox"/> <b>LR</b> Liberia  |
| <input checked="" type="checkbox"/> <b>AL</b> Albania                               | <input checked="" type="checkbox"/> <b>LS</b> Lesotho  |
| <input checked="" type="checkbox"/> <b>AM</b> Armenia                               | <input checked="" type="checkbox"/> <b>LT</b> Lithuania  |
| <input checked="" type="checkbox"/> <b>AT</b> Austria                               | <input checked="" type="checkbox"/> <b>LU</b> Luxembourg   |
| <input checked="" type="checkbox"/> <b>AU</b> Australia                             | <input checked="" type="checkbox"/> <b>LV</b> Latvia   |
| <input checked="" type="checkbox"/> <b>AZ</b> Azerbaijan                            | <input checked="" type="checkbox"/> <b>MA</b> Morocco  |
| <input checked="" type="checkbox"/> <b>BA</b> Bosnia and Herzegovina                | <input checked="" type="checkbox"/> <b>MD</b> Republic of Moldova  |
| <input checked="" type="checkbox"/> <b>BB</b> Barbados                              | <input checked="" type="checkbox"/> <b>MG</b> Madagascar   |
| <input checked="" type="checkbox"/> <b>BG</b> Bulgaria                              | <input checked="" type="checkbox"/> <b>MK</b> The former Yugoslav Republic of Macedonia                      |
| <input checked="" type="checkbox"/> <b>BR</b> Brazil                                |  |
| <input checked="" type="checkbox"/> <b>BY</b> Belarus                               | <input checked="" type="checkbox"/> <b>MN</b> Mongolia   |
| <input checked="" type="checkbox"/> <b>CA</b> Canada                                | <input checked="" type="checkbox"/> <b>MW</b> Malawi   |
| <input checked="" type="checkbox"/> <b>CH and LI</b> Switzerland and Liechtenstein  | <input checked="" type="checkbox"/> <b>MX</b> Mexico   |
| <input checked="" type="checkbox"/> <b>CN</b> China                                 | <input checked="" type="checkbox"/> <b>NO</b> Norway   |
| <input checked="" type="checkbox"/> <b>CR</b> Costa Rica                            | <input checked="" type="checkbox"/> <b>NZ</b> New Zealand  |
| <input checked="" type="checkbox"/> <b>CU</b> Cuba                                  | <input checked="" type="checkbox"/> <b>PL</b> Poland   |
| <input checked="" type="checkbox"/> <b>CZ</b> Czech Republic                        | <input checked="" type="checkbox"/> <b>PT</b> Portugal   |
| <input checked="" type="checkbox"/> <b>DE</b> Germany                               | <input checked="" type="checkbox"/> <b>RO</b> Romania  |
| <input checked="" type="checkbox"/> <b>DK</b> Denmark                               | <input checked="" type="checkbox"/> <b>RU</b> Russian Federation   |
| <input checked="" type="checkbox"/> <b>DM</b> Dominica                              | <input checked="" type="checkbox"/> <b>SD</b> Sudan  |
| <input checked="" type="checkbox"/> <b>EE</b> Estonia                               | <input checked="" type="checkbox"/> <b>SE</b> Sweden   |
| <input checked="" type="checkbox"/> <b>ES</b> Spain                                 | <input checked="" type="checkbox"/> <b>SG</b> Singapore  |
| <input checked="" type="checkbox"/> <b>FI</b> Finland                               | <input checked="" type="checkbox"/> <b>SI</b> Slovenia   |
| <input checked="" type="checkbox"/> <b>GB</b> United Kingdom                        | <input checked="" type="checkbox"/> <b>SK</b> Slovakia   |
| <input checked="" type="checkbox"/> <b>GD</b> Grenada                               | <input checked="" type="checkbox"/> <b>SL</b> Sierra Leone   |
| <input checked="" type="checkbox"/> <b>GE</b> Georgia                               | <input checked="" type="checkbox"/> <b>TJ</b> Tajikistan   |
| <input checked="" type="checkbox"/> <b>GH</b> Ghana                                 | <input checked="" type="checkbox"/> <b>TM</b> Turkmenistan   |
| <input checked="" type="checkbox"/> <b>GM</b> Gambia                                | <input checked="" type="checkbox"/> <b>TR</b> Turkey   |
| <input checked="" type="checkbox"/> <b>HR</b> Croatia                               | <input checked="" type="checkbox"/> <b>TT</b> Trinidad and Tobago  |
| <input checked="" type="checkbox"/> <b>HU</b> Hungary                               | <input checked="" type="checkbox"/> <b>TZ</b> United Republic of Tanzania                                    |
| <input checked="" type="checkbox"/> <b>ID</b> Indonesia                             | <input checked="" type="checkbox"/> <b>UA</b> Ukraine  |
| <input checked="" type="checkbox"/> <b>IL</b> Israel                                | <input checked="" type="checkbox"/> <b>UG</b> Uganda   |
| <input checked="" type="checkbox"/> <b>IN</b> India                                 | <input checked="" type="checkbox"/> <b>US</b> United States of America                                       |
| <input checked="" type="checkbox"/> <b>IS</b> Iceland                               |  |
| <input checked="" type="checkbox"/> <b>JP</b> Japan                                 | <input checked="" type="checkbox"/> <b>UZ</b> Uzbekistan   |
| <input checked="" type="checkbox"/> <b>KE</b> Kenya                                 | <input checked="" type="checkbox"/> <b>VN</b> Viet Nam   |
| <input checked="" type="checkbox"/> <b>KG</b> Kyrgyzstan                            | <input checked="" type="checkbox"/> <b>YU</b> Yugoslavia   |
| <input checked="" type="checkbox"/> <b>KP</b> Democratic People's Republic of Korea | <input checked="" type="checkbox"/> <b>ZA</b> South Africa   |
|   | <input checked="" type="checkbox"/> <b>ZW</b> Zimbabwe   |
| <input checked="" type="checkbox"/> <b>KR</b> Republic of Korea                     | Check-boxes reserved for designating States which have become party to the PCT after issuance of this sheet: |
| <input checked="" type="checkbox"/> <b>KZ</b> Kazakhstan                            | <input checked="" type="checkbox"/> <b>DZ</b> Algeria  |
| <input checked="" type="checkbox"/> <b>LC</b> Saint Lucia                           | <input checked="" type="checkbox"/> <b>AG</b> Antigua & Barbuda  |
| <input checked="" type="checkbox"/> <b>LK</b> Sri Lanka                             |  |

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

**Supplemental Box**
*If the Supplemental Box is not used, this sheet need not be included in the request.*
**Use this box in the following cases:**

1. If, in any of the Boxes, the space is insufficient to furnish all the information:

in particular:

- (i) if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available:
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked:
- (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America:
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents:
- (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "Continuation" or "Continuation-in-part":
- (vi) if there are more than three earlier applications whose priority is claimed:

in such case, write "Continuation of Box No. ..." [indicate the number of the Box] and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient;

in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below;

in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;

in such case write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;

in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;

in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;

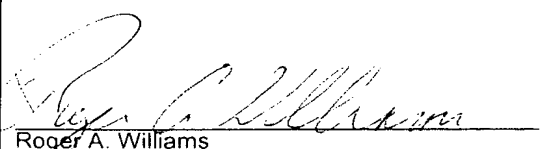
in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.

in such case, write "Statement Concerning Non-Prejudicial Disclosures or Exceptions to Lack of Novelty" and furnish that statement below.

2. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to

Continuation of Box IV:

BAUER, S. Christopher  
 BENNETT, Dennis A.  
 BULOCK, Joseph W.  
 KEANE, J. Timothy  
 KOVACEVIC, Cynthia S.  
 MEYER, Scott J.  
 OGDEN, Stasia L.  
 ROTH, Michael J.  
 SCRIVNER, Alan L.  
 WARNER, James M.  
 WILLIAMS, Roger A.  
 all of G.D. Searle & Co.  
 Corporate Patent Department  
 P.O. Box 5110  
 Chicago, Illinois 60680-5110  
 United States of America

<b>Box No. VI PRIORITY CLAIM</b>		Further priority claims are indicated in the Supplemental Box <input type="checkbox"/>	
The priority of the following earlier application(s) is hereby claimed:			
Country <i>(in which, or for which, the application was filed)</i>	Filing Date <i>(day/month/year)</i>	Application No.	Office of filing <i>(only for regional or international application)</i>
item (1) US	19 May 1999 ( 19-05-99 )	60/134,811	
item (2)	(       )		
item (3)	(       )		
Mark the following check-box if the certified copy of the earlier application is to be issued by the Office which for the purposes of the present international application is the receiving Office (a fee may be required):			
<input checked="" type="checkbox"/> The receiving Office is hereby requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) identified above as item(s): <u>(1)</u>			
<b>Box No. VII INTERNATIONAL SEARCHING AUTHORITY</b>			
Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): <u>ISA/EP</u>			
Earlier search Fill in where a search (international, international-type or other) by the International Searching Authority has already been out or requested and the Authority is now requested to base the international search, to the extent possible, on the results of that earlier search. such search or request either by reference to the relevant application (or the translation thereof) or by reference to the search request: Country (or regional Office):                      Date (day/month/year):                      Number:			
<b>Box No. VIII CHECK LIST</b>			
This international application contains the following number of sheets: 1. request : 5 sheets 2. description : 184 sheets 3. claims : 142 sheets 4. abstract : 1 sheets 5. drawings : 0 sheets <b>Total : 332 sheets</b>		This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> separate signed power of attorney      5. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> copy of general power of attorney      6. <input type="checkbox"/> separate indications concerning deposited microorganisms 3. <input type="checkbox"/> statement explaining lack of signature      7. <input type="checkbox"/> nucleotide and/or amino acid sequence listing (diskette) 4. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):      8. <input checked="" type="checkbox"/> other (specify): Transmittal sheets, Board Resolution	
Figure No. _____ of the drawings (if any) should accompany the abstract when it is published.			
<b>Box No. IX SIGNATURE OF APPLICANT OR AGENT</b>			
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).			
 Roger A. Williams			

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1. Date of actual receipt of the purported international application:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority specified by the applicant: <u>ISA/</u>	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

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## FEE CALCULATION SHEET

Annex to the Request

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International application No.

Applicant's or agent's  
file reference

3202/1/PCT

Date stamp of the receiving Office

Applicant  
MONSANTO COMPANY

## CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE .....

240.00 T

2. SEARCH FEE .....

990.00 S

International search to be carried out by EPO*(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)*

3. INTERNATIONAL FEE

## Basic Fee

The international application contains 332 sheets.first 30 sheets ..... 427.00 b<sub>1</sub>302 x 10.00 = 3,020.00 b<sub>2</sub>

remaining sheets additional amount

Add amounts entered at b<sub>1</sub> and b<sub>2</sub> and enter total at B ..... 3,447.00 B

## Designation Fees

The international application contains 85 designations.8 x 92.00 = 736.00 D

number of designation fees amount of designation fee payable (maximum 11)

Add amounts entered at B and D and enter total at I ..... 4,183.00 I

*(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and*

4. FEE FOR PRIORITY DOCUMENT ..... 15.00 P

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box ..... 5,428.00

TOTAL

☐ The designation fees are not paid at this time.

## MODE OF PAYMENT

☒ authorization to charge  
deposit account (see below)☐ bank draft☐ coupons☐ cheque☐ cash☐ other (specify):☐ postal money order☐ revenue stamps

## DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ US ☒ is hereby authorized to charge the total fees indicated above to my deposit account.☒ is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.☒ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

19-1025

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Date (day/month/year) 10 May 2002Signature [Signature]